

B. Budget Category Itemization				
1. Personnel/Employees				
a. Names of Employees	Position Titles	Annual Salary Rate	Hours Devoted	VDVVF Amount Requested
Total:				
b. Fringe Benefits				
FICA % =	7.65%		0	
Retirement			0	
Group Life Ins.	0.08%		0	
Other (Itemize)=			0	
Total:				
TOTAL PERSONNEL (a+b):				
2. Consultants				
a. Individual Consultants			Type:	
Hours Devoted:				
Total:				
b. Organizations & Associations			Type:	
Fee:				
Time Devoted:				
Total:				
c. Consultants' Subsistence and Travel				
Number of Days:				
Rate/Day:				
Total:				
TOTAL CONSULTANTS (a+b+c)				
3. Travel and Subsistence for Project Personnel				
a. Local Mileage _____ x _____ per mile =				
b. Non-local Miles _____ x _____ per mile =				
c. Subsistence _____ days x _____ per day =				
d. Air or other fares _____ =				
Total Travel:				

4. Equipment				
Type	Quantity	Unit Price	Purchase or Rental	
Total Equipment:				
5. Supplies and Other Expenses				
Type	Quantity	Price		
Total Supplies and Other:				
6. Indirect Costs				
Total Indirect Cost:				N/A
GRAND TOTAL:				
Cash funds from sources other than grant program supporting this project - (itemize). (Do not add to requested Project Budget Summary amounts.)				
TOTAL:				